ACES
Automated Communications
Exchange System

Communicating Electronically with Employers

Retirement File Transfer Certification Process

Date: **July 1, 2004**

Version: **4.4**

Retirement File Transfer Certification Process
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Purpose

This document provides detailed information on the Employer Retirement File Transfer Certification Process, a prerequisite for participation in the File Transfer Process in production. This document addresses the following subjects:

- Roles and responsibilities
- Retirement certification checklist or criteria
- Retirement certification test conditions
- File layout

NOTE: Retirement employers who fall into one of the following categories must go to and use the Health File Transfer Certification Process, complete the certification conditions for their employer type, and receive approval/sign-off from **both** HBSD **and** AESD:

- Employers requesting Health and Retirement File Transfer Access
- State Employers—Non-Central
- Public agency employers contracting for Retirement **and** Health Coverage

Intended Audience

The intended audience for this document includes staff in the following roles (detailed descriptions are found in Roles and Responsibilities below):

- **ACES Employer Certifier: CalPERS** point-of-contact responsible for contacting employers to determine interest in participating in ACES and assisting employers through the certification process.
- **Employers:** Agencies who expressed interest in participating in ACES File Transfer.
- **Retirement Program Area Staff:** CalPERS point-of-contact(s) responsible for business support (i.e., clarifying and/or explaining business rules) to the ACES Employer Certifier and employers.
- **PARIS Administrator:** CalPERS point-of-contact responsible for receiving and filing security forms and granting/approving user IDs/access to ACES.

References

- **PERS Registration and Enrollment Functional Requirements Definition document:** Identifies the objectives, scope and functionality of ACES.

Roles and Responsibilities

ACES Employer Certifier:
- Contacts the Employer to determine Employer interest and participation.
- Provides the Employer with ACES certification information.
- Requests the Employer to send the appropriate security forms to the ACES Employer Certifier.
- Upon receipt of the security forms, creates the certification user ID and password.
- Schedules a conference call with the Employer to answer questions they have regarding the certification requirements and process.
- Provides the Employer with the certification user ID, password, and URL.
- Provides the Employer with the list of transaction requirements/certification conditions expected results spreadsheet according to the agency/employer type. (Appendix A provides a list of required transactions.)

- Requests test SSNs and transactions from the Employer.
- Prepares the certification environment for testing (requests SSNs to be loaded into the database).
- Receives the test files, runs the batches, receives the output files, reviews the batch results, and determines the employer's readiness for the next phase of testing.
- Monitors the transaction types and scenarios. Compares the batch results with the expected results.
- Discusses and documents the variances or errors with the file and/or transactions with the Employer.
- Ensures that all the items on the File Transfer Certification Criteria Checklist are completed.
- Forwards the completed File Transfer Certification Criteria Checklist, supporting documentation, and approval sheet to the Program Area for signature.
- If the Program Area does not approve certification, reviews the reasons for rejection with the Employer. After the Employer makes modifications, provides the documentation/proof of modifications to the Program Area for reconsideration.
- Once the Program Area approves certification, forwards the security forms to the PARIS Administrator.

Employer:
- Signs and forwards the security forms to the ACES Employer Certifier.
- Provides the completed list of transaction requirements/certification conditions expected results spreadsheet to the ACES Employer Certifier.
- Provides list of test SSNs that will be used during certification to the ACES Employer Certifier.
- Creates the retirement file(s) according to the file layout provided in Appendix B so that the information extracted from the Employer's internal system can be submitted, received, and processed by CalPERS.
- Submits the test file(s), including the test transactions, required in Appendix A.
- If the test file does not transmit properly, makes the necessary changes to the process(es) and/or program(s) that creates the file so that it corresponds to the CalPERS record layout.
- Submits as many test files as necessary until all the transaction requirements/certification conditions expected results are met.
- If the Program Area rejects the certification, reviews the reasons for rejection with the ACES Employer Certifier and makes the necessary modifications.

Program Area:
- Works with the Employers and the ACES Employer Certifier to resolve any problems encountered during certification or provides exceptions to the list of transaction requirements/certification conditions expected results spreadsheet.
- When certification is complete, reviews the File Transfer Certification Criteria Checklist and supporting documentation provided by the ACES Employer Certifier.
- After reviewing the documentation, approves or rejects the Employer for production. If the Employer is approved for certification, signs the File Transfer Certification Approval Sheet and forwards the sheet to the ACES Employer Certifier. If the Employer is rejected, documents the list of reasons why the Employer is not approved and forwards the documentation to the ACES Employer Certifier.

PARIS Administrator:
- Receives and files the security forms
- Creates the production user ID and password for the employer's on-site system administrator and provides them with the production URL, userid, and password and trains them on PARIS.

Certification Criteria

<table>
<tr><td colspan="2">
<div align="center">
RETIREMENT
FILE TRANSFER CERTIFICATION CRITERIA CHECKLIST
Color coded as follows: Employer, ACES Employer Certifier, Program Area, PARIS Administrator
</div>
</td></tr>
<tr><td></td><td>1. ACES Employer Certifier contacted Employer regarding interest in file transfer.</td></tr>
<tr><td></td><td>2. Employer provided ACES Employer Certifier with security forms for users that would require access to certification environment.</td></tr>
<tr><td></td><td>3. ACES Employer Certifier created certification user ID and password.</td></tr>
<tr><td></td><td>4. ACES Employer Certifier scheduled and conducted conference call with Employer, if necessary</td></tr>
<tr><td></td><td>5. ACES Employer Certifier provided Employer with certification user ID and password.</td></tr>
<tr><td></td><td>6. ACES Employer Certifier provided Employer with list of transactions/ certification conditions, expected results that must be submitted during test cycles (Appendix A – Certification Conditions), and a file layout (Appendix B – Transmission File Layout).</td></tr>
<tr><td></td><td>7. Employer provided ACES Employer Certifier with list of SSNs to be used during certification testing.</td></tr>
<tr><td></td><td>8. ACES Employer Certifier requested COMET Database Administrator to have SSNs loaded into certification database.</td></tr>
<tr><td></td><td>9. Employer completed and returned list of transaction requirements/certification conditions expected results spreadsheet during test cycles. (See Appendix A for list of certification conditions). If a certification condition was not applicable to an employer, provided reason why condition did not apply and attached to the back of a copy of this document.</td></tr>
<tr><td></td><td>10. Employer created and transmitted file according to file layout provided.</td></tr>
<tr><td></td><td>11. If load errors, ACES Employer Certifier worked with Employer to resolve load error problem. Repeated steps 10-11 until no more load errors.</td></tr>
<tr><td></td><td>12. ACES Employer Certifier ran batch process for file submitted.</td></tr>
<tr><td></td><td>13. ACES Employer Certifier reviewed file submitted and compared and documented results of transactions with list of transaction requirements/certification conditions expected results spreadsheet.</td></tr>
<tr><td></td><td>14. If all required certification transaction requirements/conditions expected results were met, went to step 18. If not all required certification transaction requirements /conditions expected results were met, ACES Employer Certifier notified Employer of those transactions that were not successful.</td></tr>
<tr><td></td><td>15. ACES Employer Certifier worked with Employer to correct problems and trained employer on results, exceptions, etc.</td></tr>
<tr><td></td><td>16. Employer corrected problems.</td></tr>
<tr><td></td><td>17. Repeated steps 10-16 until all certification transaction requirements/conditions expected results were met.</td></tr>
<tr><td></td><td>18. Employer completed and passed all required certification transaction requirements/conditions expected results.</td></tr>
<tr><td></td><td>19. ACES Employer Certifier provided detail report(s) confirming successful transmission of conditions, attached report(s) to a copy of this sheet, and forwarded these documents to the Program Area.</td></tr>
<tr><td></td><td>20. Program Area signed File Transfer Certification Approval Sheet and forwarded sheet to ACES Employer Certifier.</td></tr>
<tr><td></td><td>21. If production user ID was different than certification user ID, Employer completed and submitted security forms for on-site system administrator to ACES Employer Certifier.</td></tr>
</table>

	22. **ACES Employer Certifier** forwarded security forms PARIS Administrator.
	23. **PARIS Administrator** created production user ID for on-site system administrator.
	24. **PARIS Administrator** notified Employer's on-site system administrator of production PARIS URL, user ID and password and trained on-site system administrator on PARIS.

Appendix A: Certification Conditions

ACES Transaction Type	ACES File Transfer Certification Conditions (Retirement Membership)	Result
	Transaction Event	
	New Enrollments:	
11	1. New PERS Enrollment	Successfully Applied
11	2. New PERS Enrollment - Effective Date > 30 Days in Future	Agency Error
11	3. New PERS Enrollment – Return to Active Status After Permanent Separation	Successfully Applied
	Change Transactions:	
8	4. Change of Address	Successfully Applied
9	5. Subscriber Name Change (e.g., Due to Marriage/Divorce)	Successfully Applied
9	6. Birth Date (Uncertified by CalPERS) Correction	Successfully Applied
9	7. Gender Correction	Successfully Applied
12	8. Temporary Separation	Successfully Applied
12	9. Permanent Separation	Successfully Applied
13	10. Change Coverage Group Due to Appointment to Another Coverage Group	Successfully Applied
	Transactions for School Employers Only:	
11	11. County Office of Education: New Enrollment for County Office of Education Employee	Successfully Applied
11	12. County Office of Education: New Enrollment for District Employee	Successfully Applied
12	13. County Office of Education: Permanent Separation for District Employee	Successfully Applied

Revised 1/31/2002 by S. Propp

Revised	Record Type	Attribute	Position	Length	Format A=Alpha N=Numeric	Required Conditional Optional	Valid Values	List of Values	Description
	Transmission File Layout								
	All	Record Type	1	3	N	R	100		Header : 1 per Transmission
							300		Participant: 1-n per Transmission
							400		Health Subscriber: 1 per Participant
							500		Health Dependent : 0-n per Health Subscriber
							700		Remark : 0-1 per Participant
							900		Footer : 1 per Transmission
	100 Header	Extract Date/Time	4	14	Ccyymmddhhmmss	R			Date/Time the extract was produced.
		Transmission Organization Id	18	16	N	R			Unique Organization Identifier for the agency submitting the file.
		Processing Detail Format	34	1	A	R	(A)ll (E)xceptions		ACES Processing Detail File selection preference. Indicates whether All transactions will be included or only the Exceptions.
		Email	35	255	A	O			The e-mail address that the ACES Processing Summary will be sent to.
		Record Length	*289*						
	300 Participant	Transaction #	4	6	N	R			Unique transaction number within the transmission file, used to link the related record types. The Transaction numbering sequence will be from 1 to 999999 for each transmission file that is submitted by the agency.
		SSN	10	9	N	R			Participant's SSN.
		Transaction Type	19	3	A	R		Y	Indicates the type of transaction that is being submitted by the agency.
		Organization Id	22	16	N	O			Identifies the participant's employer. Unique Organization identifier used within the COMET database.
		SCO Agency Code	38	3	N	C			Identifies the participant's employer. Required if Pay Entity code = 1 (SCO). SCO Position # = Agency (3), Unit (3), Class (4), Serial (3).
		SCO Department Code	41	3	N	C			Identifies the participant's employer. Required if Pay Entity code = 1 (SCO).
		SCO Unit Code	44	3	N	O			Part of the SCO Position Number. SCO Position # = Agency (3), Unit (3), Class (4), Serial (3). Used only for New Enrollments (Tran Type = 1 or 11) if Pay Entity code = 1 (SCO).

Revised	Record Type	Attribute	Position	Length	Format A=Alpha N=Numeric	Required Conditional Optional	Valid Values	List of Values	Description
		SCO Class Code	47	4	N	O			Part of the SCO Position Number. SCO Position # = Agency (3), Unit (3), Class (4), Serial (3). Used only for New Enrollments (Tran Type = 1 or 11) if Pay Entity code = 1 (SCO).
		SCO Serial Number	51	3	N	O			Part of the SCO Position Number. SCO Position # = Agency (3), Unit (3), Class (4), Serial (3). Used only for New Enrollments (Tran Type = 1 or 11) if Pay Entity code = 1 (SCO).
		PERS ER Code	54	4	N	C			Identifies the participant's employer. Required if Pay Entity code <> 1 (SCO).
		PERS School Agency Code	58	3	N	C			Identifies the participant's employer. Required if Pay Entity code <> 1 (SCO). Used for school districts.
		Pay Entity	61	3	A	R		Y	Identifies the entity that processes the employee's payroll and health deductions.
		Payroll Office Code	64	1	A	C		Y	Identifies the type of agency and the employment status. Required for New Health Enrollments (Tran Type = 1).
		Agency Employee Id	65	16	A	O			Agency's employee identification to be included in feedback file. Will not be stored within the COMET database.
		Last Name	81	30	A	C			Required for New Enrollments (Tran Type = 1 or 11).
		First Name	111	20	A	O			Should be provided unless the employee does not have a first name.
		Middle Name	131	20	A	O			
		Name Suffix	151	4	A	O		Y	
		Gender	155	1	A	C	M/F		Required for New Enrollments (Tran Type = 1 or 11).
		Birth Date	156	8	Ccyymmdd	R			
		New Birth Date	164	8	Ccyymmdd	C			Participant's updated birth date. Required for birthdate corrections.
		Daytime Phone Area	172	3	N	O			Participant's phone area.
		Daytime Phone	175	7	N	O			Participant's phone number.
		Daytime Phone Extension	182	5	N	O			Participant's phone extension.
		Death Date	187	8	Ccyymmdd	O			
		Addr Type	195	3	A	O	"1" - Mailing "5" - Residential		Describes the subscriber's type of address.
		Street Address	198	30	A	R			Required for Domestic and International addresses. This field is currently limited to 28 characters.
		Alt Address Line	228	30	A	O			Optional for Domestic and International addresses. This field isn't currently used. It is included to support future functionality.
		Suppl Address Type	258	3	A	C		Y	Required if Supplemental Address Line is provided. The title which will appear at the beginning of a supplemental address line when the address is displayed or printed.

Revised	Record Type	Attribute	Position	Length	Format A=Alpha N=Numeric	Required Conditional Optional	Valid Values	List of Values	Description
		Suppl Address Line	261	30	A	C			Required if Supplemental Address Type is provided.
		Mail Stop	291	10	A	O			Optional for Domestic and International addresses. Indicates a code frequently used with private mailbox rental services, such as Mail Boxes Etc.
		City	301	30	A	R			Required for Domestic and International addresses. This field is currently limited to 21 characters.
		State	331	2	A	C			Required for Domestic addresses.
		Zip Code 5	333	5	N	C			Required for Domestic addresses.
		Zip Code 4	338	4	N	O			Optional for Domestic addresses.
		Zip Code 2	342	2	N	O			Optional for Domestic addresses.
		Province/Territory	344	4	A	C		Y	Required for International Addresses in Canada and Mexico.
		Country	348	4	A	C		Y	Required for International Addresses. Blank for domestic addresses.
		Foreign Postal Code	352	12	A	O			Only Applies to Foreign Addresses.
		Hire Date	364	8	Ccyymmdd	C			The date the participant began working for the agency. Required for New PERS Enrollments (Tran Type = 11) and Non-PERS Health Enrollments (Tran Type = 1).
		Health Eligibility Date	372	8	Ccyymmdd	C			Required for all New Health Enrollments (Tran Type = 1). Date participant is eligible for health benefits.
		Appointment Status	380	3	A	C		Y	Required for New PERS Enrollments (Tran Type = 11), Appointment Status Changes (Tran Type = 12) and Non-PERS Health Enrollments (Tran Type = 1). Identifies the participant's appointment status.
		Retirement System	383	3	A	C		Y	Required for New PERS Enrollments (Tran Type = 11) and Non-PERS Health Enrollments (Tran Type = 1). Identifies the participant's retirement system.
		Bargaining Rank	386	3	A	C			Required for State Agencies. Required for Non-PERS Health Enrollments (Tran Type = 1). The Employee Designation of the participant's Collective Bargaining Unit.
		Bargaining Unit	389	3	A	C			Required for State Agencies. Required for Non-PERS Health Enrollments (Tran Type = 1). The specific unit from the participant's Collective Bargaining Unit.
		Address Effective Date	392	8	Ccyymmdd	O			Default to Current Date.
		Appt Transaction Eff Date	400	8	Ccyymmdd	C			The Effective Date of the Appointment Transaction. Required for New PERS Enrollments and Appointment Changes (Transaction Types 11-16).
		PERS Coverage Group	408	5	N	C			Required for New PERS Enrollments and Coverage Group Changes (Tran Type 11 & 13).

Revised	Record Type	Attribute	Position	Length	Format A=Alpha N=Numeric	Required Conditional Optional	Valid Values	List of Values	Description
		Appt Qualification Eff Date	413	8	Ccyymmdd	C			The date that the participant's appointment (with this employer) qualifies for PERS membership. Required for New PERS Enrollments (Tran Type = 11) if either the Manual Enrollment Indicator or Optional Member Indicator = Y.
		Manual Enrollment Ind	421	1	A	C	Y/N		Indicates if the employee must be manually enrolled. Set to 'Y if the employee is already a member of PERS or if the employee has completed 1000 hours or 125 days in a fiscal year. Replaces the checkboxes at the bottom of the AESD-1 form (Tran Type = 11).
		Optional Member Ind	422	1	A	C	Y/N		Required for New PERS Enrollments (Tran Type = 11). Indicates if the employee's PERS enrollment is optional or not. Default to 'N'.
		RBO Phone Area	423	3	N	O			Retirement Benefits Officer phone number. For exception reporting only. Reviewed by CalPERS staff only in case of exception.
		RBO Phone	426	7	N	O			Retirement Benefits Officer phone number. For exception reporting only. Reviewed by CalPERS staff only in case of exception.
		RBO Extension	433	5	N	O			Retirement Benefits Officer phone number. For exception reporting only. Reviewed by CalPERS staff only in case of exception.
		Appt ID	438	16	N	O			For CalPERS use only.
		Appt Tenure	454	3	A	C		Y	Required for New PERS Enrollments and Appt Tenure Changes (Tran Type = 11 & 16). Indicates the duration of an appointment. For instance an appointment may be temporary, or it may be permanent.
		Temp Number of Months	457	3	N	C			The number of months from the appointment tenure effective date that a temporary or limited term appointment will expire. Either the Temp Number of Months or the Temp Expiration Date is required if the Appt Tenure = "Temporary" or "Limited Term".
		Temp Expiration Date	460	8	Ccyymmdd	C			The expiration date of a temporary or limited term appointment will expire. Either the Temp Number of Months or the Temp Expiration Date is required if the Appt Tenure = "Temporary" or "Limited Term".
		Appt Time Base	468	3	A	C		Y	Required for New PERS Enrollments and Appt Time Base Changes (Tran Type = 11 & 15). Identifies the amount of time, typically measured by weekly hours, an individual works at an Appointment. Examples are Full Time and Part Time.
		Average Per Week Hours	471	6	N	C			The average number of weekly hours the individual is expected to work. Required only if Appt Time Base = "Part Time".
		Standard Per Week Hours	477	6	N	C			The standard number of hours normally worked for a full time position in one week. Required only if Appt Time Base = "Part Time".

Revised	Record Type	Attribute	Position	Length	Format A=Alpha N=Numeric	Required Conditional Optional	Valid Values	List of Values	Description
		Medical Group	483	3	A	C			Required for New Enrollments (Tran Type = 1 or 11) for Public Agencies and Schools that contract for Health Benefits (Active Health Unit).
		Record Length	485						
	700 Remark	Transaction #	4	6	N	R			Same transaction number as Participant.
		Remark	10	255	A	O			Contains the Agency's remarks regarding the transaction record. Used for exception reporting only. Reviewed by CalPERS staff only in case of exception.
		Record Length	264						
	900 Footer	Record Count	4	6	N	R			Total number of records submitted. Includes Header and Footer.
		Transaction Count	10	6	N	R			Total number of Participant transactions submitted. 1 Participant, 1 Health Subscriber and 3 dependents = 1 transaction.
		Record Length	15						
		NOTES:							
		* Each Record Type will be fixed length.							
		* Blank date fields must be filled with spaces -- not zeroes.							
		* Numeric fields must be right justified with leading zeroes.							
		* Alphanumeric fields must be left justified with trailing spaces.							
		* Optional fields (Numeric and Alphanumeric) can be filled with spaces.							